Agenda and papers for the Community Pharmacy IT Group (CP ITG) meeting

to be held on 5th March 2019

at the NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

commencing at 11am and closing at 3pm

About CP ITG: The Group was formed in 2017 by PSNC, NPA, RPS, CCA and AIMp. The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers and NHS Digital. Further information on the group can be found on the PSNC website.

Members: Matthew Armstrong, David Broome (Vice Chair), Sibby Buckle, Richard Dean (Chair), David Evans, Dale Kirkwood, Sunil Kochhar, Andrew Lane, Fin McCaul, Coll Michaels, George Radford, Craig Spurdle, Ravi Sharma, Iqbal Vorajee and Heidi Wright.

Dale Kirkwood has taken over as an AIM rep from Colin Kendrick.

Secretariat: Dan Ah-Thion and John Palmer.

1.   Welcome from Chair

2.   Apologies for absence

     Apologies for absence have been received from Richard Dean, Andrew Lane and Ravi Sharma.

4.   Minutes of the last meeting
     The minutes of the meeting held on 28th November 2018 were re-emailed out to the group alongside these papers.

5.   Actions and Matters Arising

Action

6.   NHS Digital workstreams (pages 3-5) (Appendix CP ITG 01/03/19)
          a. EPS Phase 4, EPS Controlled Drugs (CDs)
          b. Real-time exemption checking (RTEC) and electronic referrals

7.   Digital collaboration (page 6) (Appendix CP ITG 02/03/2019)

8.   NHS App - demo and future development discussion (pages 7-8) (Appendix CP ITG 03/03/19)

9.   Local Health and Care Record Exemplars (pages 9-10) (Appendix CP ITG 04/03/19)

10. Community Pharmacy Digital Vision - key principles (pages 11-13) (Appendix CP ITG 05/03/19)

11. EPS-future (pages 14-20) (Appendix CP ITG 06/03/19)

Report

12.   Updates on NHS Digital and CP ITG cyber security work (pages 21-24) (Appendix CP ITG 07/03/19)

13.   Updates on other CP ITG workstreams projects (pages 25-31) (Appendix CP ITG 08/03/19)

14.   Post-meeting CP ITG communications and messages

15.   Any other business

Upcoming pharmacy/healthcare IT events

- 25th – 26th March 2019, London, "Digital Health Rewired"

Future meetings

4th June 2019
3rd September 2019
19th November 2019
3rd March 2020 (to be confirmed)

EPS Phase 4, EPS Controlled Drugs (CDs), Real-time exemption checking (RTEC) and electronic referrals

Subject	EPS Phase 4 and EPS Controlled Drugs (CDs), Real-time exemption checking and electronic referrals
Date of meeting	5th March 2019
Status	Public
Overview	Piloting of EPS Phase 4 and EPS CDs continues and roll-out is anticipated to further GP practices. RTEC piloting for one supplier began on 26th February 2019. NHS Digital is conducting work to test electronic referrals.
Proposed actions	Receive updates from NHS Digital and discuss progress: 1. EPS Phase 4 and EPS CDs; and 2. RTEC and electronic referrals.
Presenters	NHS Digital Digitising Community Pharmacy and Medicines

EPS Controlled Drugs (CDs)

Report:

- The rescheduling of gabapentin and pregabalin as Schedule 3 Controlled Drugs takes place on 1st April 2019. The EMIS GP clinical system rolled-out a change to their GP practices between 3rd and 15th February 2019 so that such prescriptions are forced to paper prescriptions. PSNC has published guidance on the system changes and a briefing about these upcoming schedule changes to these medicines. System suppliers have provided the following dates for changes to be made on their systems:

GP practice system supplier	System	Target date of update for system rescheduling of gabapentin and pregabalin
EMISHealth	EMIS Web	2 to 15 February 2019
Microtest Health	Evolution	29-Mar-19
TPP	SystmOne	14 to 29 March 2019
Vision	Vision	14 to 29 March 2019

PMR system supplier	System	Target date of update for system rescheduling of gabapentin and pregabalin
Cegedim	NexPhase and Pharmacy Manager	01-Apr-19
Pharmacy2U	Qicscript Pharmacy2U	01-Apr-19
Clanwilliam Health	Rx Web	02-Apr-19
EMISHealth	Proscript and Proscript Connect	01-Apr-19
Lloyds Pharmacy	Compass	To be confirmed
Positive Solutions	Analyst	01-Apr-19
Boots	Columbus	01-Apr-19

NHS Digital has additional information on their website.

- EPS CDs pilot: NHS Digital began to pilot the prescribing and dispensing of EPS Schedule 2 and 3 Controlled Drugs (CDs) in England. Around 64 GP practices were piloting Schedule 2 and 3 controlled drugs (CDs) during February 2019 (those using EMIS, Vision and SystmOne (TPP)). Prescriptions were processed successfully at the prescriber and pharmacy end.

Next Steps:
- NHS Digital has approved of TPP's SystmOne and Vision's plans to fully unroll EPS CDs across their GP practices. Vision and SystmOne national rollout is due to begin 28th February 2019 and may be completed as early as 11th March 2019. Expected dates for EMIS rollout are to be confirmed shortly.
- Microtest GP practice system expects to be ready to start a pilot with its Evolution system shortly.

CP ITG action
- A verbal update will be provided at the meeting by NHS Digital. The group to discuss progress.

EPS Phase 4

Report:
- NHS Digital began the piloting of EPS Phase 4 at the end of November 2018. Around 16 GP practices are now able to use EPS for patients without an EPS nomination: patients are given a paper Phase 4 token with a scannable barcode instead of a signed paper prescription. The pilot sites are spread across the country (including within Greater Manchester, Essex, South-east London, Leeds and Devon).
- Early feedback about the pilot from pharmacy and GP practice staff to NHS Digital and PSNC has been positive. NHS Digital user researchers will be gathering further comments from users.

Next Steps:
- Feedback from community pharmacies, GP practices, PSNC and other stakeholders is being used to refine the plans for additional roll-out. If the piloting is determined as successful, EPS Phase 4 will be deployed to further sites.

CP ITG action
- A verbal update will be provided at the meeting by NHS Digital. The group to discuss progress.

Real-time prescription charge exemption checking (RTEC)

Report:
- The exemption checking process changes are intended to enable pharmacy teams to have exemption information 'to hand' rather than them needing to ask patients for evidence of exemption. Exemptions are intended to be on boarded in phases.[1] Further details were outlined within the CP ITG June 2018 papers and within RTEC news item: "How will it work?".
- In December 2018, the RTEC Steering Group were given a demonstration of the functionality in the PSL system, which appeared to fit well within the existing dispensing/label generation process.
- PSNC had several discussions with DHSC on the benefit of maternity exemptions being visible to pharmacy staff within the RTEC message, as a means of supporting patient safety. DHSC have concluded that the case for provision of the data had not been made, as there were other ways

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[1] (a) Maternity, medical, pre-payment, low income scheme and HMRC exemptions; (b) All Department for Work and Pensions (DWP) exemptions, including Universal Credits when they become available; (c) Possibility of onboarding the Education and Ministry of Defence exemptions explored.

in which the information could be obtained by pharmacy teams. Once RTEC is rolled out, guidance will be issued to contractors to highlight the issue and the need to put in place mitigations once the information is no longer available from the patient's signed declaration.

- The public-facing name for RTEC is being further considered by the RTEC steering group and DHSC.
- A pharmacy in Denton, Manchester, using the PSL PMR system, began to pilot RTEC on the 26th February 2019. Pilot areas include Manchester and north Leeds. If the piloting goes well, further rollout for pharmacy contractors that use PSL is expected during the following months.

Next Steps:
- Piloting will continue.
- PSNC will continue to work with NHS Digital, Department of Health and Social Care (DHSC), NHSBSA and NHS England on the planning for this change in process within pharmacies.
- It is expected that all PMR system suppliers will work to update their systems to incorporate RTEC during 2019.

NHS Digital's work on electronic referral solutions

Report:
- NHS Digital's Integrating Pharmacy Across Care Settings (IPACS) programme are working with others on discovery work to support the development of electronic referral systems.
- Two main areas of work relate to:
    1. Hospital discharge data being sent to community pharmacy utilising the NHS e-Referral Service (eRS). There will be a pilot in Doncaster in March 2019.
    2. GP to community pharmacy referrals utilising eRS - this is in the discovery phase, with discussions of potential pilots in the North West and North East areas.

Next Steps:
- NHS Digital will continue with the discovery, user research, and case studies into the value of the services and eRS as a solution.

Digital collaboration

Subject	Digital collaboration
Date of meeting	5th March 2019
Status	Public
Overview	Nile are undertaking some research for NHS Digital on the future of digital collaboration across health and care.
Proposed actions	The group are asked to comment about the future of digital collaboration to Nile's user researchers.
Presenters	Nile

Nile HQ Limited are undertaking some research for NHS Digital on the future of digital collaboration across health and care.

Two Nile user researchers are visiting a mixture of pharmacies and other health and care settings within Birmingham and the North to learn more. The researchers will also speak with the Community Pharmacy IT Group at its March meeting.

The purpose of their research involves:
- exploring what works well and the challenges which pharmacy teams experience – relating to collaboration and communication (e.g. via NHSmail and other/future options); and
- learning more about how technology services provided by the NHS to pharmacies across England may be improved.

CP ITG action:

Nile will be dialling into the meeting.

They will ask the group to consider:
- What are the main challenges faced by pharmacists when it comes to communicating with other health care services?
- What do you think the future of digital communication and collaboration within healthcare should look like?

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NHS App

Subject	NHS App - demo and future development
Date of meeting	5th March 2019
Status	Public
Overview	English patients can download the NHS App. GP practices need to review some of their IT system settings to enable patients to access the app's full range of functions. NHS Digital are requesting for most practices to go live between April and June 2019.
Proposed actions	NHS Digital will demo the NHS App at the meeting. The group are asked to further developments in the app which would improve patients' experience.
Presenters	NHS Digital NHS App team

Background

People can now download the NHS App to:
- check their symptoms using the health A-Z on the NHS website; and
- find out what to do when they need help urgently using NHS 111 online.

If their GP practice is connected, patients can register and verify their identity so they can also:
- order their repeat prescriptions;
- securely view their GP medical record;
- book and manage appointments at their GP practice;
- register as an organ donor; and
- choose whether the NHS uses their data for research and planning.

GP practices need to review some of their IT system settings to enable patients to access the app's full range of functions. If a patient's practice is not live, patients can provide an email address, so they are notified when their practice goes live. Patients who use the app, will use the new NHS login process to verify that they may access their health information.

Roll-out and demonstration

Testing of the NHS App began in October 2018. Some clinical commissioning groups (CCGs) volunteered to have their GP practices go live in early 2019, as NHS Digital continue to test and improve the process. The NHS website NHS App webpage now includes those GP practices which are NHS App ready. NHS Digital are requesting for most practices to go live between April and June 2019.

The NHS App team will provide the group with a demo of the NHS App at its meeting to aid further discussion.

Future development

Over time, further services will be added to the NHS App. For example, the NHS App may:
- suggest health apps that may be of benefit to patients from the NHS Apps library;
- enable commissioners to promote digital, or face-to-face services to patients that are available locally; and

- enable input of end-of-life care plan wishes.

There could also be exploration of the interoperability and technical challenges of integrating any existing online consultation products.

Pharmacy contractor 'early ideas' comments have included those below, but note some of these suggestions relate to changes which would be required outside of just the NHS App alone:

Pharmacy contractor 'early ideas' comments regarding NHS App future developments
• **Electronic Prescription Service nomination**: A free and fair ability to choose any dispenser for Electronic Prescription Service nomination. Ability for patients to check which pharmacy is nominated.
• **Nominated dispensers to view reorder requests made via the NHS App**: Visibility can ensure that pharmacy staff can check they can fulfil requests effectively and reconcile items as needed. Patients can assume that community pharmacy already has access to what is ordered and may query with the pharmacy where they have ordered a medicine, but it has not yet been prescribed.
• **Could NHS app work in coordination with pharmacy systems so that relevant information** is passed via the app from pharmacy system to the patient or vice versa, e.g.:   ○ **Could community pharmacies one day be able to send push app notifications or SMS text alerts to NHS App users which ask to receive these** relating to for example 'your medicine is ready for collection'. Some patients report to pharmacy teams preferring text message alerts rather than app notifications.   ○ **The group requested that the pharmacy patient medication record (PMR) systems explore opportunity to align with the NHS App**: NHS App and pharmacy system interoperability should be considered?   ○ **Medicine reminders and data**: Might the App one day provide medicine reminders to patients which want these (again app notification or text alert) and feedback information into a central health record, so pharmacy staff can enhance the support relating to patients' medicines needs?
• **Alignment of information with EPS Tracker**: The NHS App could align with EPS Tracker information such as certain prescription statuses according the EPS Tracker.
• **Access to additional records**: Is it anticipated that the NHS App will provide access to additional health records beyond summary information or the GP record, e.g. future local health record projects which may include the input from health and care?
• **Dates that medicine regime will end:** Could the app show the dates which medicines are finishing and provide push notifications to support patients which need to reorder?
• **EPS Phase 4 tokens**: Could the NHS App provide EPS Phase 4 electronic prescription token barcodes on a smartphone?
• **Could it include family/carer functionality?**
• **Could it link to the** Yellow Card Scheme for those patients that wish to report medicine problems?
• **Could it work with biometrics for authentication e.g. Touch ID and Face ID?**

CP ITG action

1. Discuss priority items for development of the app with the NHS App team.

Local Health and Care Record Exemplars (LHCREs)

Subject	Local Health and Care Record Exemplars (LHCREs)
Date of meeting	5th March 2019
Status	Public
Overview	NHS England previously announced five LHCRE areas. Further work continues in relation to the development of a standard IG framework and for the standard core data set.
Proposed actions	CP ITG to discuss with Rachel Merrett NHS England the progress update.
Presenters	NHS England

Background

NHS England previously announced areas chosen to become LHCREs. LHCREs are a group of organisations working in collaboration to create a safe, secure and trusted information-sharing environment. These partnerships received funding to put in place an electronic shared local health and care record which makes relevant patient records available more quickly to those involved in that patient's care and support.

Areas

The announced areas:

Local Health and Care Record Exemplar areas may include:	LPC areas may include:
Yorkshire and the Humber (covering West Yorkshire, South Yorkshire, North Yorkshire and Humberside)	Community Pharmacy Humber; Community Pharmacy West Yorkshire; and Community Pharmacy North Yorkshire
Thames Valley and Surrey (covering Buckinghamshire, Oxfordshire, Berkshire and Surrey, Wessex)	Bucks LPC; Pharmacy Thames Valley; and Community Pharmacy Surrey & Sussex
Greater Manchester	Greater Manchester LPC
Wessex	Dorset LPC, Community Pharmacy South Central
One London	South London: Bexley, Bromley & Greenwich LPC; Croydon LPC; Kingston, Richmond & Twickenham LPC; Lambeth, Southwark & Lewisham LPC; and Sutton, Merton & Wandsworth LPC. North London: Barnet Enfield and Haringey; Brent and Harrow LPC; Camden & Islington LPC; City & Hackney LPC; Ealing, Hammersmith and Hounslow LPC; Hillingdon LPC; Kensington, Westminster & Chelsea LPC; Middlesex Group of LPC; and North-East London LPC

Digital Health News reported further areas expected to be funded may include: Lancashire and South Cumbria plus Cheshire and Merseyside, the Great North Care Record and the South West. Those areas might be subject to change.

Information governance (IG)

A LHCRE IG steering group has been developing a LHCRE IG framework working document. The steering group includes IG Leads for each LHCRE area. The framework will incorporate comments from others. PSNC has provided comments onto the draft working document. The framework is intended to help LHCRs

to demonstrate compliance with the law, gain trust from patients and provide consistency of approach and reduce burden for patients and healthcare professionals.

LHCRs and standardised records

The Professional Record Standards Body (PRSB) is working with NHS England to support LHCREs. This work aims to standardise the core information that's shared in a local health and care record so that the information that's needed by health and care professionals can be available at the right time to better support patient care. PRSB's view is that it is also important that information can be easily accessed even if a patient is in a different part of the country.

PRSB's first phase of LHCRE work has involved undertaking LHCR webinars relating to social care, end of life, maternity, mental health and patients. Much of the records data within the LHCRs already has relevant PRSB standards. A PRSB face-to-face workshop on LHCRs is also being held on 5th March 2019. RPS and PSNC have proposed that the next phase of PRSB LHCR work should involve proactively gathering some additional input from pharmacy organisations.

CP ITG action
- NHS England will present on LHCRs for the group. The group to discuss the topic.

Community pharmacy digital vision - overarching principles

Subject	Community pharmacy digital vision - overarching principles
Date of meeting	5th March 2019
Status	Public
Overview	A CP ITG sub-group of the member bodies has prepared a list of high-level principles that align with the community pharmacy digital vision in order to progress the work relating to the group's 'wider IT roadmap' work stream.
Proposed actions	The group are asked to comment on this structure and make suggestions for changes or additions. If the group approve, the sub-group will continue with preparations to develop a list of more specific priorities which match these categories and principles.

[Note: Specific items that sit under these categories are not included here. A more detailed list will be shared with the group in due course.]

Guiding principles and high-level priorities: overview

A CP ITG sub-group has undertaken work to progress the 'wider IT roadmap' work stream. The sub-group identified the following high-level guiding principles and priorities: user need; privacy and security; interoperability and openness; inclusion; infrastructure; innovation; and capabilities. These are aligned with the Department of Health and Social Care's (DHSC's) Future of healthcare: digital vision – extracts of which are included within the boxes below. The sub-group also identified underlying principles that related to each category. The underlying principles are not listed in a priority order.

1. User need

> DHSC digital vision guiding priority: *Ensuring that digital services meet people's needs: All the services should start with user needs*
> DHSC digital vision guiding principle: *Every service must be designed around user needs, whether the needs of the public, clinicians or other staff.*

Principles required for technology that meets user need:
- agile and iterative i.e. enhancable in a timely manner;
- intuitive to use;
- efficient;
- tested with users prior to changes;
- supported by training options;
- supported by clear service escalation routes;
- resilient; and
- interoperable - ability to view, record, and communicate relevant information (see next section).

2. Interoperability and openness

> DHSC digital vision guiding principle: *The data and technology standards must be open so that anyone can see them and anyone writing codes for use in the NHS knows what the standards are before they start. Adhering and*

> *agreeing to clinical data standards will give much better and more granular detail with which to fight disease and prevent and treat illness.*

Principles/levels required for technology that enable interoperability and openness:
- ability to access relevant information;
- ability to record structured information into records;
- transferrable information - ability to communicate structured recorded information;

Additional principles:
- compliance with standards;
- compatibility of systems and technology; and
- ability to digitally collaborate with health and care staff.

3. Privacy and security

> DHSC digital vision guiding principle: *The digital architecture of the health and care system must be underpinned by clear and commonly understood data and cyber security standards, mandated across the NHS, to ensure that they are secure by default and that the penalties for data breaches are effective in protecting patients' privacy.*

Principles required for technology that meets relevant security standards:
- secure and practical in a usable way;
- compliant with law and best practice; and
- auditable.

4. Inclusion

> DHSC digital vision guiding principle: *Health and care services are for everyone. There is a need to design for, and with, people with different physical, mental health, social, cultural and learning needs, and for people with low digital literacy or those less able to access technology.*

Principles for achieving inclusion alongside digital developments:
- patients' choice of interaction type – remote or face-to-face
  - community pharmacy should be able to support the most disadvantaged where remote interventions are less suitable; and
- patient facing messages are translated into plain English.

5. Putting in place the right infrastructure

> DHSC digital vision priorities include:
>
> - *Infrastructure is a key priority. The ambition is to put in place a framework that will allow interoperability of patient records so that the patients will not have to repeat their medical history. Records will be shared between hospitals, GPs, community pharmacies and care providers.*

Principles for recognising and implementing the necessary infrastructure arrangements include within each community pharmacy sufficient and suitable:
- devices;
- connectivity; and
- support.

6. Enabling health tech and innovations

DHSC digital vision priorities include:

- *Putting collaboration and co-development at the heart of innovation in health and care.*
- *Increasing opportunities for real-world testing and iteration by creating safe spaces for innovators and clinicians to develop and test products, services, and business models and delivery mechanisms.*
- *The introduction of a 'healthtech regulatory sandbox' to work in cooperation with the Information Commissioner's Office (ICO), the National Data Guardian (NDG), National Institute for Health and Care Excellence (NICE) and other regulators.*
- *The Healthtech Advisory Board, chaired by Ben Goldacre will report to Matt Hancock and will include technology experts, clinicians and academics.*

Priorities for enabling more innovation within the community pharmacy space including:
- pharmacy sector must do more to identify, learn from and reward innovation;
- pharmacy seats at the table at high-level health and care innovation strategy groups; and
- pharmacy sector to be future-proofed for developments, e.g. genomics (see more within next category, capabilities.

7. Developing the right skills and capabilities

DHSC digital vision priorities include:
- *Building an open culture.*

Priorities relating to digital capabilities:
- accessible training; and
- importance of time for learning (before, during and after qualification) and this to include digital capability development.

Note: The Pharmacy Digital Forum is planning to undertake work on this topic.

CP ITG action
- The group are asked to comment on the paper and make suggestions for changes or additions. Details which would sit under such underlying principles can be discussed at a later date.
- If the group approve, it is proposed that the sub-group undertake further work to develop the specific items falling within the seven categories above and bring this back to this group.

Electronic Prescription Service (EPS) developments

EPS developments to be discussed.

Report: Updates on community pharmacy cyber security work

Subject	Updates on CP ITG cyber security work
Date of meeting	5th March 2019
Status	Public
Overview	NHS Digital Data security department (DSC) continues to explore data and cyber security with NHS Digital Digitising Community Pharmacy & Medicines Programme, PSNC, CP ITG and its partner Templar Executives. Templar will undertake pharmacy pilot visits to help drive the next steps further forward.

NHS Digital Data security department (DSC) continues to explore data and cyber security with NHS Digital Digitising Community Pharmacy & Medicines Programme, PSNC and CP ITG. The expertise of NHS Digital DSC and their cyber security partner firm, Templar Executives, could support the optimising of community pharmacy cyber and data security. Templars will conduct a few pharmacy visits to help further inform the next steps.

A CP ITG cyber security sub-group met again on 9th January 2019 with NHS Digital DSC via telecon. The sub-group further developed the suggested next steps – outlined below. The group also agreed that a community pharmacy cyber security mailing list would be maintained. If a major cyber-attack occurs the mailing list will support all relevant bodies distributing aligned communications for community pharmacy. Dan Ah-Thion is maintaining the mailing list.

Early suggested steps (updated)

Title	Suggested offer to start	Expected dependencies include:	Summary of actions to progress include below (by category):
NHS Digital Cyber Security Operations Centre (CSOC) Threat Intelligence	Provision of relevant and actionable alerting, intelligence and guidance for relevant staff in pharmacy, designed to identify and mitigate threats to IT and data.	• Understanding responsibilities for cyber security in pharmacies of different size and scale, i.e. large chain, small chain, independent). • Understanding the supply chain risk if bad actors were to interfere with the ability of many pharmacy staff to be able to order medicines.	• PMR suppliers to contact Dan who will pass cyber security contacts to NHS Digital DSC so both sides aware of each other's contact details (email + phone). • Pharmacy organisations & others to support need to communicate out with cyber problems of a significant scale. • Following above, consideration required about whether guidance on escalating suspected cyber incidents that pharmacy discover – but this must complement and not hinder expected formal service routes. Many incidents will not be major. • NHS Digital DSC to receive list of who are key cyber security primary and secondary contacts.

Engagement Campaign	Incorporating community pharmacy into national communications and engagement campaign plans on 'cyber hygiene' – producing free-to-use materials for local tailoring and running campaigns sharing these drafts with sub-group to 'pharmacise'.	• Procurement of supplier of engagement materials (due 2019). • Understanding and ensuring relevance of content to pharmacy audience.	• Pharmacy cyber security sub-group to support by looking at materials and 'pharmacising' e.g. to be adapted into as plain English as possible. Some messages more relevant for PMR suppliers and may go there.
Ongoing	Consider aiming to work with and update Pharmacy cyber security sub-group with developments and seek their support with user testing future first step proposals.		

Note: The Data Security and Protection toolkit (previously Information Governance (IG) toolkit) and related guidance from NHS Digital and PSNC 2019 guidance may also provide some quick wins.

Longer-term strategy suggested steps (updated)

Title	Suggested offer to start	Expected dependencies include:	Summary of actions to progress include below (by category):
On-site Discovery/Piloting	Working with the NHS Digital data security centre's specialist suppliers to test the applicability and relevance of National Cyber Security Centre's (NCSC) '10 Steps to Cyber Security' (or other comparative national standard) with pharmacies of different size and scale.	• Willing early adopters representing a cross-section of community pharmacy sector? • Pharmacies taking part with the pilot encouraged to have a relevant cyber/IT lead to ensure success of pilot.	• A small group could work with NHS Digital to test the approach. • Larger pharmacy organisations can have specialist IT leads, but smaller pharmacies generally will not include subject matter experts. It could be tricky for them to act on written instructions which are not written in a plain English format.

Production of reference guidance (specific to pharmacy) by NHS Digital / pharmacy?	Following on from discovery/piloting, production of a standardised set of guidance for local implementation in pharmacy – if necessary, tailored to large chains, small chains and independents	• Successful pilot phase completed with meaningful lessons and intelligence garnered? • Framing against relevant existing standard, e.g. '10 Steps'?	• Sub-group and DSC to consider guidance promoting a voluntary standard for best practice security further beyond those standards laid out within the mandatory elements of the DSP toolkit.
Knowledge library (generalised)	Access and signposting to the NHS Digital data security centre knowledge library (once refreshed) – providing meaningful guidance and intelligence for local use on policy, standards, etc. Items to explore during pilots (or before) include but not limited to building understanding (to later inform guidance) on items such as: • Domain Name System (DNS) Service have lessons or relevance for pharmacy and the wider health and care system? • backup processes to be implemented by contractors – where not automatically done anyway. Pilots to explore the arrangements that exist currently. • web-based portals and inputting patient data into these. • Can we explore the pharmacy contract for whether currently an explanation of what cyber responsibilities with pharmacy and with PMR supplier?	• Refresh of national knowledge library. • Discovery work/pilot undertaken, and meaningful lessons and intelligence garnered. • Look at formats such as checklists, tweets, short digestible e-learning modules, and factsheets	• For non-urgent materials the sub-group should support ensuring pharmacy user testing to be done with the drafted materials long before release. At minimum two weeks will be needed to provide comments will help testers to find time to review.
On-site technical assessment/review – assistance from NHS Digital with volunteer sites initially with consideration for options for this later	• Providing chains with on-site assessment and 'Blue Team' activity (i.e. Board-level training and infrastructure review), tailored to address nuances of pharmacy chains, providing them with action plans and remediation activity to reduce risk and vulnerability in a prioritised manner? • Red team activity for volunteer assessment sites – to learn some lessons.	• Foundational capability in place within chains? • Willingness of pharmacy contractors and chains to engage on national NHS initiatives? • Will it be feasible for the NHS Digital data security centre to ensure the service offer is sustainable and repeatable over time?	• Sub-group and DSC to seek wider lessons from Assessments to inform further guidance. and priorities"
Ongoing	Consider aiming to work with and update Pharmacy cyber security sub-group with developments and seek their support with user testing future long-term proposals.		

CP ITG & pharmacy cyber security sub-group comments:

Comments at November 2018 CP ITG and the following 9th January pharmacy cyber security sub-group meeting:
- Compliance with key elements of the NHS Digital Warranted Environment Specification (WES) was now included within the Quality Payments Scheme.
- The value of plain English guidance for non-technical pharmacy staff could not be underestimated.
- Detailed technical support is useful for system supplier and head office cyber security leads, but not for most pharmacy staff.
- It's expected there will be increased integration between community pharmacy and the wider health and care system in the coming years. This brings advantages of enhanced care for patients, but the importance of mitigating against cyber security risks will grow.
- NHSmail had some anti-spoofing protection introduced but then this had to be temporarily rolled back due to problems with third party solutions/integration.
- There is a balance between locking down a system (e.g. supplier or head office) and having it be less usable. Larger pharmacy organisations will be carefully considering this balance.
- Possible actions for the sub-group: Explore do existing pharmacy supplier contracts explain the cyber work of PMR supplier in relation to that pharmacy. May also be looked at during pilots.
- Historically there is some annual work where pharmacy staff look at toolkit requirements and any associated best practices. Some comms can tie in. It was recognised that also good to deliver messages throughout the year relating to manageable actions that support good practices.
- Pharmacy system supplier aggregators currently do not have a role with educating pharmacy or advising of specific threats.
- Smaller pharmacy contractors will not know if they are under attack from a limited or wide threat and have limited real-time information and security specialists within the organisation. PMR supplier and NHS Digital support is welcomed where any analysis and plain English advice is possible.

Next steps

- NHS Digital data security centre and Templars to conduct visits to two pilot pharmacy contractors and consider the findings.

Report: Updates on other CP ITG work streams

Subject	Updates on other CP ITG work streams
Date of meeting	5th March 2019
Status	Public
Overview	Below we report progress and next steps required on the other work plan areas which have been less covered. The group members are asked to consider the reports, take any appropriate actions on the next steps and provide any comments on the proposed next steps by emailing Dan Ah-Thion or John Palmer.

1	Supporting the development of patient medication record (PMR) systems
	This group will help with consideration of usability for pharmacies. This can then support further work by the group with NHS Digital, PMR system suppliers and contractors to develop a roadmap for development of PMR systems. Work should also include looking at PMR contracts, to see how they can reflect agreed best practice or providing guidance to contractors, if changes to standard contracts cannot be agreed. The group should support PMR systems by helping to identify useful future development options.
	Relevant webpages include: psnc.org.uk/systems

Report:
- CP ITG published the first edition of "*Using community pharmacy systems and supporting their development: Commonly suggested features*" during January 2019. Requested features included: usability; more compatibility with other systems and health records; compatibility with hand-held devices; compatibility with the NHS App; and more 'direct' and speedier SCR access.
- Survey CP ITG member bodies and suppliers commented onto the draft CP ITG PMR preferences survey. The survey will be shared with the group for final comments and published imminently.

Next Steps:
- The group are asked to promote the PMR preferences survey.
- PMR suppliers agreed at a previous meeting to 'tick' against the "suggested features" list and confidentially share with Dan Ah-Thion so that a future iteration of the list can filter out those items already completed by all PMR suppliers. The ticked list from PMR suppliers will not be shared with the group.

2	Connectivity, business continuity arrangements and dealing with outages
	This would include supporting the transition from N3 to Health and Social Care Network (HSCN), in terms of the sector starting to get the benefits of the new HSCN model. Also ensuring the technical architecture of pharmacy connectivity does not prevent access to key NHS web-based resources, e.g. the Leeds Care Record. Pharmacy and system supplier input should be incorporated into HSCN migration plans.
	Relevant webpages include: psnc.org.uk/itcontingency; and psnc.org.uk/connectivity

Report:
- NHS Digital, NHS England, NHS Business Services Authority (NHS BSA), Capita and PSNC are continuing to work on Organisation Data Service (ODS) code changes. The objective is to better optimise the process and therefore mitigate some of the business continuity risks for processing of prescriptions after a change (e.g. ownership or location).

Next steps:

- An ODS change process review meeting discussion highlighted that a real or test EPS prescription claim message should be sent to the NHS Spine quickly after a pharmacy's ODS change has changed but contractors may not be familiar with the importance of that. This triggers the new ODS code to be flagged as 'EPS live' on the NHS BSA system. PMR suppliers are asked if they can ensure that after they have changed local configurations to trigger the new ODS code that a real or test EPS prescription has its claim message sent immediately. PMR suppliers may request large batches of test prescriptions from NHS Digital and then use individual test prescriptions at the time the PMR supplier wishes. We plan to update the ODS guidance during March 2019 to mention that the PMR approach is to ensure that a prescription is claimed on the same working day – but suppliers are asked to get in touch with PSNC before 10th March 2019 if there is a different approach by them on this matter.

3	Supporting EPS and its enhancements
	Including Controlled Drugs, real-time exemption checking, Phase 4 pilot, improving the efficiency of eRD (electronic Repeat Dispensing) work flows in PMR systems, development of standard descriptors across PMR systems for the different stages of a script's EPS journey and other issues identified in the EPS issues log.
	Relevant webpages include: psnc.org.uk/eps

General EPS matters

Report:

- NHS Digital is continuing to support the rollout of EPS within urgent care clinical systems (Advanced Adastra, IC24, TPP and EMIS) and to their users.
- PSNC continues to welcome feedback from CP ITG members and community pharmacy team members on the EPS log to ensure it continues to reflect the needs of CP ITG: psnc.org.uk/epslog.
- PSNC is continuing discussions with pharmacy and general practice representative organisations on guidance for prescribers on the issuing of clinically urgent prescriptions.

6	Developing a wider IT roadmap
	To support useful and usable IT beyond PMR systems and EPS.

Report:

- In January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. The plan was unveiled by NHS England Chief Executive Simon Stevens and Prime Minister Theresa May, who said it was about "reshaping the NHS around the needs of patients".
- DHSC announced "NHSX", which is a new joint organisation for digital, data and technology. Health Service Journal (HSJ) reported that NHSX is not formally replacing any existing organisations but is "dependent on continuing agreement between the organisations that support [the joint venture]". The CEO of NHSX has been tasked with having strategic responsibility for setting the national direction on technology across organisations. The CEO will be accountable to the Health Secretary and chief executives of NHS England and NHS Improvement.
- DHSC say that NHSX's responsibilities are intended to include:
  - setting national policy and developing best practice for NHS technology, digital and data - including data-sharing and transparency;
  - setting standards – developing, agreeing and mandating clear standards for the use of technology in the NHS;
  - ensuring that NHS systems can talk to each other across the health and care system;
  - helping to improve clinical care by delivering agile, user-focused projects;

- o supporting the use of new technologies by the NHS, both by working with industry and via its own prototyping and development capability;
  - o ensuring that common technologies and services, including the NHS App, are designed so that trusts and surgeries don't have to reinvent the wheel each time;
  - o making sure that all source code is open by default so that anyone who wants to write code for the NHS can see what we need;
  - o reforming procurement – helping the NHS buy the right technology through the application of technology standards, streamlined spend controls and new procurement frameworks that support our standards;
  - o setting national strategy and mandating cyber security standards, so that NHS and social care systems have security designed in from the start;
  - o championing and developing digital training, skills and culture so our staff are digital-ready; and
  - o delivering an efficient process for technology spend, domain name management and website security.
- The final draft of the CP ITG IT infrastructure survey has been prepared and each of the CP ITG member bodies have fed into its development. This is planned to be published with CP ITG branding but after the CP ITG PMR preferences survey has closed. The draft survey will be shared with the group for final comments prior to publication. The group is asked to support the promotion of the survey once it is published.

| 7	Supporting cyber security and Information Governance
	Supporting the use of minimum hardware specifications and the development of a revised Information Governance Toolkit for community pharmacy, NHS Digital training resources and developing guidance and resources for pharmacy teams on cyber security and information governance (including GDPR and handling patient requests for access to their data).
	Relevant webpages include: psnc.org.uk/ig

Report:
- One of the Quality Payments Scheme gateway criteria was for demonstratable compliance of the pharmacy's operating system and browser versions with NHS Digital's Warranted Environment Specification (WES) requirements for connectivity to NHS Spine systems. Pharmacy contractors could login into the Summary Care Record (SCR) portal landing page to have their operating system and browser details logged or otherwise declare that WES criteria were met.
- Pharmacy contractors selecting a 'standalone' Falsified Medicine Directive (FMD) system may wish to check that the system aligns with WES.
- NHS Digital continue to develop a single system for verifying the identity of those requesting access to digital health records and services, to authenticate people for access to information about themselves and those they care for. NHS login will be important in supporting future NHS Digital national programmes, local initiatives and other government organisations. It will use the Citizen Identity platform but will be known as NHS login.
- PSNC will continue discussions on the new Data and Security Protection (IG) Toolkit's (DSPTK) arrangements with NHS Digital and NHS England. The 2018/19 DSPTK has been available for completion from 1st April 2018, but further pharmacy-related enhancements are expected (development of the batch feature).
- PSNC has published some new guidance to assist pharmacy teams completing the Toolkit:
  - o Toolkit completion: Overview which outlines six steps to complete the Toolkit;
  - o Toolkit completion: Question-by-question guidance (mandatory question version and spreadsheet version covering all questions);
  - o Toolkit completion on-demand webinar video; and

- o Guidance on use of batch feature and updating HQ code with pharmacy branches (IG page and 'multiples' section).
- PMR suppliers, PSNC, NPA and NHS Digital previously agreed the DSPTK technical questions could be auto-populated based on PMR supplier input (e.g. anti-virus information). Each of the main PMR suppliers has prepared its text for auto-population. NHS Digital are expected to soon (early March) to have completed the development feature to allow PMR suppliers to paste the text into the Toolkit for its customers, and to keep the feature for future years. PMR suppliers will use a Toolkit login. Pharmacy contractors will then be able to select the PMR suppliers expected to be
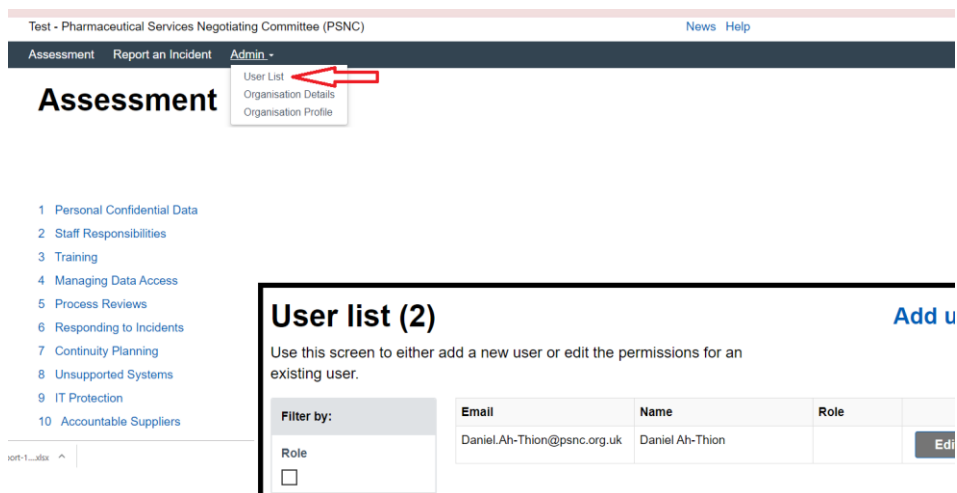
within the user list section (see image).
- PMR suppliers are asked to create/use an email address which can be communicated to customers (which may later be adjusted to 'no repy') and register for the DSPTK – if they have not already. NHS Digital are working to enable the answers to be pasted in shortly. Customers can select PMR suppliers even today – where they know the relevant PMR email address.

Next Steps:
- The group will promote completion of the toolkit by pharmacy contractors.
- In relation to the DSPTK PMR feature: During the first half of March, PSNC will update PMR IG contacts and issue updated news once the feature has been added or there is further news.

4	Seeking a standard process for importing PMR data into a new PMR system
	The lack of a standard approach means there are clinical (including patient safety), ethical and legal risks related to the potential for data to be inappropriately transposed.

Report:
- The CP ITG agreed at its December 2017 meeting to explore a standard data process for transitioning pharmacy contractors from one PMR system to another to improve the continuity of care. Cegedim was chairing the joint project amongst all the PMR suppliers to standardise patient data export and import (single patient or bulk) to ensure a consistent approach across the industry. The drafted dataset was passed to Cegedim's technical architect during spring 2018.

Next Steps:
- PMR suppliers to continue to collaborate on this workstream.

5	Seeking the development of interoperability/integration where appropriate
	This could be between different community pharmacy systems (e.g. PMRs and Services Support platforms) and between community pharmacy systems and other health and care record systems. This would necessitate community pharmacy

Summary Care Record (SCR) and other electronic health records (EHRs)

Report:

- The Pharmacy Digital Forum (PhDF) group asked to hand over to CP ITG an ongoing item to support greater usage of SCR within community pharmacy. PSNC is working with LPCs to identify localities where there is greater SCR with additional information.
- On 27th November 2018 the first phase of the National Record Locator (NRL) went live. NRL will eventually allow health and care professionals and providers to securely locate and identify patient records elsewhere in the health system.

Next Steps:

- PSNC, RPS and other CP ITG member bodies will continue work with NHS England and NHS Digital to increase SCR use. NHS Digital is supportive of CP ITG member bodies planning for coordination of communications from April or May repeatedly promoting the benefits of SCR with additional information – once more materials have been prepared and distributed. It is proposed that the various CP ITG bodies support the campaigns and plan timings for comms activities. CP ITG bodies will need to coordinate the campaign via email and telecon during April and May.
- SCR guidance materials are being refreshed where required.

General interoperability matters

Report:

- NHS Digital are working with portal suppliers Sonar and PharmOutcomes to improve the digital confirmations to GP practices of flu vaccinations. Participants in this work can provide a brief verbal update at the meeting, should they so wish. In the longer term, it is hoped that other clinical information can be shared in a similar manner, either from pharmacy to general practice or vice versa.
- The Professional Record Standards Body (PRSB), NHS Digital, RPS and others continue work on standard datasets for transfer of community pharmacy information (New Medicine Services (NMS), Medicine Use Review (MUR), Appliance Use Review (AUR) and the Digital Minor Illness Health Referral Services (DMIRS)) to support interoperability of community pharmacy and other health IT systems. PRSB held a workshop to look at Local Health and Care Records on 5th March 2019. RPS and PSNC have requested that PRSB look towards setting up a pharmacy webinar to gather additional input into their LHCRs.
- CP ITG's review of the computable dose instruction arrangements were shared with NHS England at the suggestion of NHS Digital's terminology department during Autumn 2018. Since December 2018 NHS Digital and Professional Record Standards Body (PRSB) have been seeking validation of Drafted FHIR Dose Syntax Implementation Guidance. NHS England and NHS Digital will continue to use the PRSB consultation route so that the pharmacy sector and others will have opportunities to feed in. PRSB conducted a survey on medicines dose timing standards (which closed 14th February 2019). A further webinar intended for clinical informaticians will be held on 28 February, 10-11am. If you have any questions, please direct these to Dan Ah-Thion or Stephen Goundrey-Smith or support@theprsb.org.

Next Steps:

- PRSB continue to seek community pharmacists to take part in upcoming workshops and discussions to consider how records standards apply to community pharmacy.

- Dan Ah-Thion and Stephen Goundrey-Smith (RPS) are maintaining a small mailing list for pharmacy team members with an interest with records/datasets. Contact Dan Ah-Thion if you know someone that might wish to participate in this or PRSB opportunities.
- NHS Digital Integrating Pharmacy Across Care Settings (IPACS) team will continue to work on projects such as: PMR supplier integration opportunities[2], consolidation of the multiple pharmacy contractor lists/directories of services, NHSmail Skype for Business trial within Hertfordshire and more.

8	Promote the ability to collate fully anonymised appropriate patient interaction data from all systems
	To support the evaluation and further development of pharmacy services. Ensure that appropriate consent models continue to remain in place.

Report:
- The group agreed at a previous meeting to explore the capability for anonymised data to be accessible so that the important interventions of pharmacy teams begin to be auditable, and the value of community pharmacy can be further demonstrated. If PMR systems were to be adapted to allow such data sharing, it would require the development of a roadmap and a standard approach to data provision, which may benefit from use of SNOMED clinical terms (CT). PMR suppliers agreed at a previous meeting to connect a relevant contact from their organisation with Dan Ah-Thion.

Next Steps:
- A standard approach to data provision starting with Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccinations is to be pursued. A sub-group including PSNC and PMR representatives will progress the project during an imminent telecon.

10	Supporting NHSmail
	Work with NHS Digital to ensure completion of the rollout of NHSmail, promote its use by contractors and seek to improve usability, e.g. NHSmail migration of individual accounts to new nomenclature and the use of email address aliases to provide a user-friendly email address for day-to-day use.
	Relevant webpages include: psnc.org.uk/NHSmail

Report:
- One of the Quality Payments Scheme gateway criteria was for contractors to have the ability for staff to send and receive NHSmail from their shared premises NHSmail account, which must have at least two live linked accounts.

Next Steps:
- Suggestions to make NHSmail more usable can be emailed to Dan Ah-Thion who will add these to the 'NHSmail commonly suggested features list' for sharing with NHS Digital.
- NHSmail queries can be raised using the usual escalation routes: i.e. to pharmacyadmin@nhs.net and if further escalation is required for the correspondence including reference numbers to be sent to PSNC.

11	Tackling issues related to the practical use of pharmacy IT

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[2] Further Patient Demographic Service (PDS) integration, easier one-click Summary Care Record (SCR) access; Interoperability Toolkit (ITK2) messages and linking to the Directory of Services (DoS). Read more within CP ITG's September 2018 papers.

	e.g. frequency of forced password changes, use of alternative credentials (alternatives to Smartcards) for users and changes to support improved patient safety.
	Relevant webpages include: psnc.org.uk/smartcards

Report:

- PSNC continues to receive feedback that the Smartcard model is not suited for community pharmacy purposes because of the need for many staff to use the same terminal within a short space of time and within a small area.
- DHSC updated its Artificial Intelligence (AI) code of conduct to support appropriate practices for suppliers processing data in an automated way: "Initial code of conduct for data-driven health and care technology" (updated 19th February 2019).

Next Steps:

- PMR suppliers agreed at the last meeting to share whitelists with Dan Ah-Thion so that a 'joint' CP ITG whitelist could be considered. PMR suppliers who have not yet done this are asked to do so.

12	Consider the development of apps and wearables in healthcare
	Consider the development of guidance and a principles documents for new apps covering, appropriate usage and security for data, promotion of all pharmacies equally etc.
	Relevant webpages include: psnc.org.uk/apps

Report:

- Since the last meeting, PSNC has updated its apps webpages to include a list of patient apps with details about their pharmacy-related functionality.

Next Steps:

- The group and pharmacy staff can continue to email Dan Ah-Thion with further feedback about the NHS App so that he can collate and share this with the NHS Digital App team.

13	WiFi
	Explore use of WiFi within pharmacies and develop guidance if necessary. Consider whether NHS funding for WiFi should be sought.

Report:

- The NHS Digital WiFi programme was commissioned to roll-out patient WiFi across GP practices and secondary care.
- Community pharmacy contractors may take up commercial WiFi opportunities.

Next Steps:

- The group will continue to support the further expansion of WiFi.